

FIRM NAME				CF NO.		INSPECTION DATE(S)	
REGISTRATION AND PROCESS FILING							
IS THE PLANT REGISTERED PER 21 CFR 108.25(c) OR 108.35(a)? <input type="checkbox"/> YES <input type="checkbox"/> NO							
ARE PROCESSES FILED FOR ALL LACF AND ACIDIFIED PRODUCTS, INCLUDING LOW PRODUCTION ITEMS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, COMPLETE TABLE FOR PRODUCTS WITH NO PROCESS FILED. <div style="text-align: center; font-size: small; margin-top: 5px;">(If additional space is required, use separate sheets)</div>							
NOTE: For flexible pouches, report container dimensions as follows: length (<i>longest dimension</i>) first, width (<i>second longest dimension</i>) second, and thickness (<i>smallest dimension</i>) last. Use the same industry convention regarding measurement in inches and sixteenths of an inch as is used for metal containers.							
PRODUCT	NET WEIGHT	PACK STYLE	PACKING MEDIUM	CONTAINER DIMENSIONS	DATES PACKED	TYPE OF THERMAL PROCESSING SYSTEM	
WERE SCHEDULED PROCESSES ESTABLISHED PER 113.83 OR 114.83? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN.							
IF LACF PROCESSES HAVE BEEN CHANGED, NOTE EXTENT AND BASIS FOR CHANGE AND EFFECTIVE DATE. SEE 108.35 (a)(2)(ii)							
HAVE REVISED LACF PROCESSES WHICH REFLECT THE ABOVE CHANGES BEEN FILED WITH FDA? <input type="checkbox"/> YES <input type="checkbox"/> NO							
HAVE THERE BEEN MAJOR EQUIPMENT OR OPERATIONAL CHANGES SINCE THE ORIGINAL PROCESSES WERE ESTABLISHED? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, DESCRIBE BELOW							
DESCRIBE PROCEDURES OR WRITTEN PLANS FOR HANDLING PROCESS DEVIATIONS							

FIRM NAME				CF NO.		INSPECTION DATE(S)	
SCHEDULED PROCESSES AND CRITICAL FACTORS FOR PRODUCTS TO BE COVERED DURING THIS INSPECTION							
PRODUCT NAME, STYLE AND PACKING MEDIUM	CAN SIZE	TYPE RETORT	VENT TIME/TEMP.	I.T.	PROCESS TIME/TEMP.	CRITICAL FACTORS AND TARGET VALUES	
INDIVIDUAL RESPONSIBILITY AND PERSONS INTERVIEWED							
MOST RESPONSIBLE OFFICIAL'S NAME AND TITLE							
MAILING ADDRESS <i>(Street, city, state, ZIP code)</i>							
RESPONSIBILITY	NAME/TITLE						
SCHEDULED PROCESS AND MODIFICATIONS							
APPROVAL OF PROCESS RECORDS							
EVALUATION OF PROCESS DEVIATIONS							
RELEASE OF LOTS							
PURCHASE OF EQUIPMENT							
HIRING/FIRING							
QUALITY CONTROL							
FORMULATION AND STANDARDS COMPLIANCE							
OTHER <i>(Specify)</i>							
PERSONS INTERVIEWED	NAME/TITLE						
SHOWN CREDENTIALS							
RECEIVED FDA FORMS							
ACCOMPANIED INVESTIGATOR							
SUPPLIED INFORMATION							
LIST NAME, TITLE, AGENCY OF ANY OTHER GOVERNMENT INSPECTORS PRESENT DURING THE INSPECTION							

FIRM NAME	CF NO.	INSPECTION DATE(S)
FIRM'S TRAINING PROGRAM		
FOR LACF, ARE ALL OPERATORS OF THERMAL PROCESSING SYSTEMS AND CONTAINER CLOSURE INSPECTORS UNDER THE OPERATING SUPERVISION OF A PERSON WHO HAS ATTENDED AN APPROVED SCHOOL? <i>(See 108.35(g) and 113.10)</i>		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
FOR ACIDIFIED FOODS, ARE ALL PLANT PERSONNEL INVOLVED IN ACIDIFICATION, pH CONTROL, HEAT TREATMENT OR OTHER CRITICAL FACTORS OF THE OPERATION, UNDER THE OPERATING SUPERVISION OF A PERSON WHO HAS ATTENDED AN APPROVED SCHOOLS <i>(See 108.25(f) and 114.10 for details)</i> THE EFFECTIVE DATE OF THIS REQUIREMENT IS SEPTEMBER 16, 1980.		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
NAME OF OPERATOR	OPERATIONS SUPERVISED OR PERFORMED	SCHOOL ATTENDED
RAW MATERIALS		
FOR LACF, HOW ARE INCOMING RAW MATERIALS AND INGREDIENTS SUSCEPTIBLE TO MICROBIOLOGICAL CONTAMINATION HANDLED? <i>(See 113.81(a))</i>		
LIST ALL SOURCES OF EMPTY CANS, JARS AND POUCHES		
CONTAINER TYPE	SUPPLIER/ADDRESS	
DOES THE FIRM PERFORM ANY ACCEPTANCE EXAMINATIONS ON INCOMING CONTAINERS?		
<input type="checkbox"/> YES <input type="checkbox"/> NO		
LIST SOURCES OF RAW AGRICULTURAL PRODUCTS AND PESTICIDE USAGE DATA		
DESCRIBE STORAGE CONDITIONS FOR INCOMING RAW AGRICULTURAL PRODUCTS		
GIVE WATER SOURCE(S), DATE AND RESULTS OF MOST RECENT TEST(S) <i>(Microbiological and chemical contaminants, if performed)</i>		
GIVE IDENTITY AND LEVEL OF FOOD AND COLOR ADDITIVES USED		

FIRM NAME	CF NO.	INSPECTION DATE(S)
LIST ANY PRESERVATIVES ADDED TO ACIDIFIED FOODS <i>(See 114.80(a)(1))</i>		
WASHING AND SORTING		
DESCRIBE WASHING AND SORTING OPERATIONS		
BLANCHING <i>(Firm should avoid thermophilic growth temperatures, 122-131 degrees F. (See 113.81(b))</i>		
EQUIPMENT/PROCEDURES		
HOW CONTROLLED, CHECKED		
DESCRIBE WATER SOURCE <i>(If live steam contacts product, what boiler additives are used and are they on approved list? (See 21 CFR 173.310.)</i>		
TIME/TEMPERATURE OF BLANCHING	INTERNAL TEMPERATURE OF FOOD AFTER BLANCHING	
EMPTY CONTAINER HANDLING <i>(Caution: Any cans removed from the line for examination should not be returned since flanges could be damaged.)</i>		
CONDITION OF EQUIPMENT <i>(Wear, burrs, etc.)</i>		
WHAT TYPE OF CONVEYOR SYSTEM IS USED FOR EMPTY CONTAINERS?		
IF CABLE CONVEYOR, IS THE CABLE COATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS CABLE ON ITS GUIDES THROUGHOUT CONVEYOR? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IS CABLE OPERATING SMOOTHLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	IS CABLE CAUSING ANY WEAR ON CANS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONVEYOR SHUT-OFF SYSTEM TYPE? <input type="checkbox"/> AUTOMATIC <input type="checkbox"/> MANUAL	IS CONVEYOR SHUT OFF SYSTEM WORKING PROPERLY? <input type="checkbox"/> YES <input type="checkbox"/> NO	

FIRM NAME	CF NO.	INSPECTION DATE(S)
DOES FIRM KEEP RECORD OF TIN STOCK USED FOR EACH LOT OF FINISHED CANS? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE CAN FLANGES (<i>both ends</i>) FREE FROM DEFECTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DESCRIBE CONTAINER CLEANING METHOD		
PREPARATION OF PACKING MEDIUM		
GIVE FORMULA		
GIVE TIME/TEMPERATURES OF PREPARATION AND HOLDING		
IS EQUIPMENT ADEQUATELY CLEANED?		
ACIDIFICATION AND WATER ACTIVITY CONTROL		
FOR PARTIALLY ACIDIFIED (<i>above 4.6</i>) LACF PRODUCTS, HOW IS ACIDIFICATION PERFORMED AND CONTROLLED? (<i>See 113.81(e)</i>)		
FOR WATER ACTIVITY CONTROLLED LACF PRODUCTS, HOW IS THE WATER ACTIVITY SPECIFIED IN THE SCHEDULED PROCESS ACHIEVED AND CONTROLLED? (<i>See 113.81(f)</i>)		
FOR ACIDIFIED PRODUCTS, HOW IS ACIDIFICATION PERFORMED AND CONTROLLED? (<i>See 114.80(a)(1) through (a)(3)</i>)		
FILLING		
GIVE METHOD(S) USED FOR EACH CONTAINER SIZE. (<i>See 113.81(c)</i>)		
GIVE EQUIPMENT MODEL(S)/MANUFACTURER(S)		
IS EQUIPMENT ADEQUATELY CLEANED?		

FIRM NAME	CF NO.	INSPECTION DATE(S)
FILLING (cont'd)		
ARE THERE ANY PROBLEMS WITH PRODUCT OVERLAYING EDGES OF CONTAINERS?		
HOW IS HEADSPACING CONTROLLED?		
IS THERE ANY POTENTIAL FOR DAMAGE TO CAN FLANGES DURING FILLING/HEADSPACING?		
CONTROL OF CRITICAL FACTORS		
<p>(Per 113.40(a)(13), (b)(14), (c)(10), (d)(8), (e)(7), (f)(9), and (g)(4), critical factors specified in the scheduled processes for all retort types shall be measured and recorded at intervals of sufficient frequency to ensure that the factors are within the limits specified in the scheduled process. Critical factors should be measured and recorded at intervals not to exceed 15 minutes. See 113.40(h), and (i) for regulations dealing with flame sterilizer systems and thermally processed foods in which critical factors such as water activity are used in conjunction with thermal processing.)</p>		
CRITICAL FACTORS <i>(As applicable)</i>	FREQUENCY OF CHECKS AND RECORDING	
MAXIMUM DRAINED WEIGHT		
MAXIMUM FILL WEIGHT		
pH		
MINIMUM NET WEIGHT		
PERCENT SOLIDS		
MINIMUM HEADSPACE <i>(Agitating retorts)</i>		
PRODUCT CONSISTENCY <i>(Agitating retorts)</i>		
MINIMUM CLOSING MACHINE VACUUM <i>(for vacuum packed products)</i>		
FOR RETORTABLE POUCHES AND SEMI RIGID CONTAINERS:		
LIMITS OF VAPOR/AIR ENTRAPMENT		
RACKING CONFIGURATION: ORIENTATION OF CONTAINER		
CONTAINER THICKNESS RESTRICTION		
CONTAINER SEPARATION		
FLOW PASSAGE		
HEATING MEDIUM <i>(e.g., water, steam air, etc.)</i>		
CIRCULATION OF HEATING MEDIUM		
OTHER <i>(As specified in scheduled process)</i>		

FIRM NAME	CF NO.	INSPECTION DATE(S)
CLOSING		
GIVE EQUIPMENT MODEL/MANUFACTURER/NUMBER OF SEAMER HEADS		
DESCRIBE EQUIPMENT SANITATION AND MAINTENANCE		
WHEN WERE THE CHUCK, ROLLERS, LIFTERS, BEARINGS, ETC. LAST REPLACED ACCORDING TO THE CLOSING MACHINE PREVENTIVE MAINTENANCE AND PARTS RECORDS?	ESTIMATED NUMBER OF CANS SEAMED SINCE LAST MAJOR OVERHAUL OF SEAMER	
IF APPLICABLE, DESCRIBE "CLINCHING" OPERATION (<i>i.e., partial seaming operation sometimes performed prior to usual double seaming operation</i>).		
WHAT IS THE METHOD OF HEADSPACE EXHAUST? (<i>See 113.81(d)</i>).		
IS THERE ANY POTENTIAL FOR CONTAINER DAMAGE (<i>especially seams</i>) DURING CLOSING OR DISCHARGE FROM CLOSING MACHINE?		
HOW LONG MAY UNPROCESSED CONTAINERS BE HELD IN EVENT OF BREAKDOWN?		
WHAT IS DISPOSITION IF TIME LIMITS ARE EXCEEDED?		
DO CRATES, TRAYS, GONDOLAS, ETC. FOR HOLDING CONTAINERS FOR PROCESSING IN STEAM IN STILL REPORTS MEET THE REQUIREMENTS AND RECOMMENDATIONS OF 113.40(a)(9)?		
HOW ARE CANS STACKED FOR PROCESSING? (<i>See 113.40(a)(9)</i>)		
<input type="checkbox"/> HORIZONTAL <input type="checkbox"/> VERTICAL <input type="checkbox"/> RANDOM		
IF PRODUCT IS STRATIFIED IN CONTAINERS (<i>e.g., whole leaf spinach, asparagus spears</i>) ARE THE CONTAINERS STACKED SO THE PLANE OF STRATIFICATION WILL BE VERTICAL DURING PROCESSING?		
<input type="checkbox"/> YES <input type="checkbox"/> NO, IF NO, HOW ARE CONTAINERS STACKED? _____		
IS THERE ANY POTENTIAL FOR CONTAINER DAMAGE DUE TO OVERFILLING OF RETORT CRATES AND/OR STACKING OF OVERFILLED CRATES?		
CONTAINER CLOSURE CHECKS		
(Per 113.60, visual and teardown double seam exams shall be performed at intervals of sufficient frequency to ensure proper closure and maintenance of seam integrity. Visual exams of double seams should be performed at intervals not to exceed 30 minutes; teardown exams should not exceed 4 hours. For acidified foods, see 114.80(a)(4)).		
FOR CANS. HOW OFTEN ARE VISUAL AND TEARDOWN SEAM EXAMINATIONS (<i>including factory ends, if applicable</i>) PERFORMED AND RECORDED?		
VISUALLY EXAMINE AT LEAST ONE CAN FROM EACH SEAMER HEAD FOR CAN SEAM DEFECTS SUCH AS CUTOVERS, DEAD HEADS, FALSE SEAMS, ETC. SEE ILLUSTRATIONS IN IOM EXHIBIT 530G. REPORT RESULTS:		

FIRM NAME	CF NO.	INSPECTION DATE(S)
CONTAINER CLOSURE CHECKS (cont'd)		
FOR JARS, WHAT IS THE METHOD AND FREQUENCY OF CLOSURE INTEGRITY MEASUREMENTS AND FREQUENCY OF RECORDING?		
DESCRIBE THE FIRM'S COLD WATER VACUUM RECORDS FOR JARS UTILIZING VACUUM CLOSURES: <i>(See 113.60(a)(2))</i>		
FOR POUCHES OR SEMIRIGID CONTAINERS, WHAT IS THE METHOD AND FREQUENCY OF SEAL INTEGRITY MEASUREMENTS AND FREQUENCY OF RECORDING?		
VISUALLY EXAMINE A REPRESENTATIVE NUMBER OF POUCHES OR SEMIRIGID CONTAINERS WITH HEAT SEALS FOR DEFECTS SUCH AS FOLDS, SEVERE WRINKLES, BLISTERS, AND TRAPPED PRODUCT IN SEALS. ALSO CHECK POUCHES FOR SEVERE DEFORMATION, GROSS OVERFILL, DELAMINATION AND LEAKS. REPORT RESULTS:		
DO WRITTEN RECORDS OF LACF CONTAINER CLOSURE EXAMINATIONS <i>(see 113.60(a)(1) and 113.100(c))</i> INCLUDE THE FOLLOWING ITEMS <i>(Check blocks for included items.)</i>		
<input type="checkbox"/> PRODUCT CODE <input type="checkbox"/> DATE <input type="checkbox"/> TIME OF EXAMINATION <input type="checkbox"/> SEAM MEASUREMENTS PERFORMED <input type="checkbox"/> CORRECTIVE ACTIONS TAKEN <input type="checkbox"/> SIGNATURE OR INITIALS OF CLOSURE INSPECTOR AND REVIEWER		
NOTE: Different measurements are required depending on the measurement system used. Check the blocks to indicate which measurements are recorded for the appropriate system.		
MICROMETER		
IS THIS METHOD USED? FOR EACH ITEM, 3 MEASUREMENTS, 120 DEGREES APART, EXCLUDING SIDE SEAM <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE METHOD USED BELOW.		
REQUIRED MEASUREMENTS		
<input type="checkbox"/> COVER HOOK <input type="checkbox"/> BODY HOOK <input type="checkbox"/> WIDTH <i>(Length, Height)</i> <input type="checkbox"/> TIGHTNESS <i>(Wrinkle)</i> <input type="checkbox"/> THICKNESS		
OPTIONAL MEASUREMENTS		
<input type="checkbox"/> OVERLAP <i>(By calculation)</i> <input type="checkbox"/> COUNTERSINK		
SEAM SCOPE OR PROJECTOR		
IS THIS METHOD USED? FOR EACH ITEM, 2 MEASUREMENTS AT DIFFERENT LOCATIONS, EXCLUDING SIDE SEAM <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE METHOD USED BELOW		
REQUIRED MEASUREMENTS		
<input type="checkbox"/> BODY HOOK <input type="checkbox"/> OVERLAP <input type="checkbox"/> TIGHTNESS <i>(Wrinkle)</i> <input type="checkbox"/> THICKNESS <i>(by micrometer)</i>		
OPTIONAL MEASUREMENTS		
<input type="checkbox"/> WIDTH <i>(Length, Height)</i> <input type="checkbox"/> COVER HOOK <input type="checkbox"/> COUNTERSINK		
CODES		
EXPLAIN THE CODE SYSTEM		
DOES THE CODE IDENTIFY THE FOLLOWING <i>(See 113.60(c) and 114.80(b))</i> <i>(Check the blocks for those items identified by the code.)</i>		
<input type="checkbox"/> PRODUCT <input type="checkbox"/> YEAR <input type="checkbox"/> DAY <input type="checkbox"/> PACKING PERIOD <input type="checkbox"/> ESTABLISHMENT WHERE PACKED		
THERMAL PROCESSING ROOM OPERATIONS		
ARE OPERATING PROCESSES AND VENTING PROCEDURES POSTED OR READILY AVAILABLE AS REQUIRED BY 113.87(a)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHERE ARE THEY KEPT?		

FIRM NAME	CF NO.	INSPECTION DATE(S)
THERMAL PROCESSING ROOM OPERATIONS		
DOES THE POSTED PROCESS AGREE WITH THE FILED PROCESS OR WITH AN OPERATIONAL PROCESS GREATER THAN THE FILED PROCESS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN DIFFERENCES		
IS RETORT TRAFFIC SUFFICIENTLY CONTROLLED TO PREVENT MIX-UPS? <i>(See 113.87(b))</i> <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN TRAFFIC FLOW		
LIST BRAND(S) OF HEAT SENSITIVE INDICATORS USED AND HOW ATTACHED. <i>(See 113.87(b))</i>		
ARE VISUAL CHECKS OF HEAT SENSITIVE INDICATORS MADE AFTER RETORTING? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE THE RESULTS OF CHECKS RECORDED? <i>(See 113.87(b))</i> <input type="checkbox"/> YES <input type="checkbox"/> NO	
REPORT EXACT PROCEDURE FIRM USES TO DETERMINE INITIAL TEMPERATURE. <i>(See 113.87(c))</i>		
FOR OPERATIONS USING WATER IN THE RETORT, WHAT PROVISIONS ARE MADE TO PREVENT WATER FROM LOWERING I.T.?		
WHAT TIMING DEVICE(S) ARE USED TO TIME THE PROCESS AND WHEN WERE THEY LAST CHECKED FOR ACCURACY? <i>(See 113.87(d))</i>		
DO CLOCK TIMES ON RECORDING THERMOMETER CHARTS CORRESPOND REASONABLY WITH TIMES ON WRITTEN PROCESSING RECORDS? <i>(See 113.87(e))</i> <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN		
REPORT PRESSURE AND ADEQUACY OF STEAM SOURCE. <i>(See 113.87(f))</i>		
LIST THE NUMBER, SIZE AND TYPE OF ALL THERMAL PROCESSING SYSTEMS IN THE PLANT HERE. USE COPIES OF FORM FDA 3146a, <i>(For processing in steam in still retorts)</i> OR BLANK SHEETS COVERING 21 CFR 113.40 REQUIREMENTS IN DETAIL <i>(for other retorts or processing systems)</i> TO REPORT THERMAL PROCESSING EQUIPMENT DATA.		

FIRM NAME					CF NO.		INSPECTION DATE(S)	
LIST YOUR ACTUAL THERMAL PROCESSING OPERATION OBSERVATIONS USING THESE OR OTHER APPROPRIATE HEADINGS								
RETORT NO.	PRODUCT CODE	TIME STEAM ON	TIME/TEMP. VENT CLOSED	I.T.	TIME/TEMP. PROCESS START	RECORDER TEMP.	TIME PROCESS STOP	TIME/TEMP. SCHEDULED PROCESS
DESCRIBE ANY QUESTIONABLE PRACTICES OR DISAGREEMENT BETWEEN YOUR OBSERVATIONS AND FIRM'S RECORDS.								
POST PROCESS HANDLING								
IF CONTAINERS ARE WATER COOLED, WHAT IS THE SOURCE OF THE COOLING WATER?					WHAT IS THE CONCENTRATION OF CHLORINE OR OTHER CHEMICALS USED?			
DESCRIBE ANY OTHER WATER TREATMENT USED (<i>See 113.60(b)</i>)					HOW OFTEN IS CHLORINE (<i>or other chemicals used</i>) LEVEL CHECKED PER FIRM'S TESTING RECORDS AND YOUR OBSERVATIONS?			
IF CONTAINERS ARE AIR COOLED, WHERE?					WHERE IS THE WATER SAMPLE COLLECTED?			
ARE AIR COOLING CONTAINERS PROTECTED FROM CONTAMINATION FROM EMPLOYEE GARMENTS, RODENTS, BIRDS, WET POROUS SURFACES SUCH AS WOOD CRATES, ETC.? <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div> IF NO, EXPLAIN.								
IF CONTAINERS ARE COOLED UNDER PRESSURE, DESCRIBE AIR SUPPLY AND CONTROLS.								

FIRM NAME	CF NO.	INSPECTION DATE(S)																		
POST PROCESS HANDLING (cont'd)																				
DESCRIBE METHOD AND TYPE OF EQUIPMENT USED FOR CRATE UNLOADING, CAN UNSCRAMBLING, LABELING, AUTOMATIC CASE-UP, ETC.																				
<p>IS THERE ANY POTENTIAL FOR CONTAINER DAMAGE FROM ROUGH HANDLING OR CONTAMINATION FROM STANDING WATER, ROUGH SPOTS, BARBS, ETC. ON CONTAINER HANDLING SURFACES? (<i>See 113.60(d)</i>) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, REPORT THE TYPE, DEGREE AND FREQUENCY OF CONTAINER DEFECTS OR DAMAGE NOTED. DOCUMENT GROSS DEFECTS OR DAMAGE WITH PHOTOGRAPHS AND/OR SAMPLES. IF SAMPLES ARE COLLECTED, REPORT SAMPLE NUMBERS AND THE NUMBER OF CONTAINERS COLLECTED OUT OF THE TOTAL EXAMINED.</p>																				
WHAT IS FIRM'S PROCEDURE IF SEAM OR SEAL PROBLEMS ARE FOUND AFTER THERMAL PROCESSING?																				
WHAT FACILITIES/PROCEDURES ARE AVAILABLE FOR CLEANING AND SANITIZING ALL POST PROCESSING CONTAINER HANDLING EQUIPMENT?																				
<p>ARE THERE WRITTEN CLEANING AND SANITIZING PROCEDURES AND ACCOMPLISHMENT RECORDS?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>																				
RECORD DATA ENTRIES																				
<p>ARE ALL RECORD DATA ENTRIES MADE AT THE TIME THE ACTUAL OPERATION OCCURS? (<i>See 113.100(a)</i>). <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, DESCRIBE YOUR OBSERVATIONS.</p>																				
RECORDS FOR LACF PRODUCTS																				
<p>DO THERMAL PROCESSING RECORDS INCLUDE THE FOLLOWING ITEMS, AS REQUIRED BY 113.100? CHECK EACH ITEM WHICH IS INCLUDED ON THE RECORDS.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> PRODUCT</td> <td><input type="checkbox"/> CODE</td> <td><input type="checkbox"/> DATE</td> <td><input type="checkbox"/> RETORT NO.</td> <td><input type="checkbox"/> CONTAINER SIZE</td> <td style="text-align: right;">APPROXIMATE NO. OF CONTAIN-</td> </tr> <tr> <td><input type="checkbox"/> INITIAL TEMPERATURE</td> <td><input type="checkbox"/> ACTUAL PROCESSING TIME</td> <td><input type="checkbox"/> MERCURY THERMOMETER READINGS</td> <td colspan="3" style="text-align: right;"><input type="checkbox"/> ERS PER CODING INTERVAL</td> </tr> <tr> <td colspan="6"><input type="checkbox"/> RECORDING THERMOMETER READINGS <input type="checkbox"/> APPROPRIATE SIGNATURE OR INITIALS</td> </tr> </table>			<input type="checkbox"/> PRODUCT	<input type="checkbox"/> CODE	<input type="checkbox"/> DATE	<input type="checkbox"/> RETORT NO.	<input type="checkbox"/> CONTAINER SIZE	APPROXIMATE NO. OF CONTAIN-	<input type="checkbox"/> INITIAL TEMPERATURE	<input type="checkbox"/> ACTUAL PROCESSING TIME	<input type="checkbox"/> MERCURY THERMOMETER READINGS	<input type="checkbox"/> ERS PER CODING INTERVAL			<input type="checkbox"/> RECORDING THERMOMETER READINGS <input type="checkbox"/> APPROPRIATE SIGNATURE OR INITIALS					
<input type="checkbox"/> PRODUCT	<input type="checkbox"/> CODE	<input type="checkbox"/> DATE	<input type="checkbox"/> RETORT NO.	<input type="checkbox"/> CONTAINER SIZE	APPROXIMATE NO. OF CONTAIN-															
<input type="checkbox"/> INITIAL TEMPERATURE	<input type="checkbox"/> ACTUAL PROCESSING TIME	<input type="checkbox"/> MERCURY THERMOMETER READINGS	<input type="checkbox"/> ERS PER CODING INTERVAL																	
<input type="checkbox"/> RECORDING THERMOMETER READINGS <input type="checkbox"/> APPROPRIATE SIGNATURE OR INITIALS																				
LIST OTHER APPROPRIATE PROCESSING DATA INCLUDED																				

FIRM NAME	CF NO.	INSPECTION DATE(S)
RECORDS FOR LACF PRODUCTS (cont'd)		
DO RECORDS ALSO INCLUDE THE FOLLOWING ADDITIONAL ITEMS ALSO REQUIRED FOR SPECIFIC PROCESSING SYSTEMS? CHECK EACH ITEM WHICH IS INCLUDED IN THE RECORDS.		
STILL RETORTS <input type="checkbox"/> TIME STEAM ON <input type="checkbox"/> TIME TEMPERATURE IS UP TO PROCESSING TEMPERATURE <input type="checkbox"/> TIME STEAM OFF <input type="checkbox"/> VENTING TIME AND TEMPERATURE TO WHICH VENTED		
AGITATING RETORTS <input type="checkbox"/> FUNCTIONING OF CONDENSATE BLEEDER <input type="checkbox"/> RETORT SPEED		
HYDROSTATIC RETORTS <input type="checkbox"/> TEMPERATURE IN STEAM CHAMBER BETWEEN STEAM/WATER INTERFACE AND LOWEST CONTAINER POSITION <input type="checkbox"/> SPEED OF CONTAINER CONVEYOR CHAIN <input type="checkbox"/> TEMPERATURE NEAR TOP AND BOTTOM OF EACH <input type="checkbox"/> HYDROSTATIC WATER LEG (when the scheduled process specifies maintenance of a particular temperature in hydrostatic water legs)		
ASEPTIC SYSTEMS <input type="checkbox"/> PRODUCT TEMPERATURE IN HOLDING TUBE OUTLET, AS INDICATED BY TEMPERATURE INDICATING DEVICE AND TEMPERATURE RECORDER <input type="checkbox"/> PRODUCT TEMPERATURE IN FINAL HEATER OUTLET, AS INDICATED BY TEMPERATURE RECORDER - CONTROLLER <input type="checkbox"/> DIFFERENTIAL PRESSURE AS INDICATED BY DIFFERENTIAL PRESSURE RECORDER - CONTROLLER (If product-to-product regeneration is used) <input type="checkbox"/> PRODUCT FLOW RATE, AS DETERMINED BY METERING PUMP OR FILLING AND CLOSING RATE <input type="checkbox"/> STERILIZATION MEDIA FLOW RATE AND/OR TEMPERATURE <input type="checkbox"/> RETENTION TIME OF CONTAINERS, AND CLOSURES WHERE APPLICABLE, IN THE STERILIZING EQUIPMENT <input type="checkbox"/> STERILIZATION CYCLE TIMES AND TEMPERATURES (where batch system is used for container and/or closure sterilization)		
FLAME STERILIZERS <input type="checkbox"/> CONTAINER CONVEYOR SPEED <input type="checkbox"/> SURFACE TEMPERATURE AT THE BEGINNING AND THE END OF THE HOLDING PERIOD <input type="checkbox"/> NATURE OF CONTAINER		
SYSTEMS RELYING ON CRITICAL FACTORS, SUCH AS WATER ACTIVITY, WITH THERMAL PROCESSING <input type="checkbox"/> PRODUCT FORMULATION <input type="checkbox"/> THERMAL PROCESS USED AND ASSOCIATED CRITICAL FACTORS <input type="checkbox"/> OTHER CRITICAL FACTORS SCHEDULED PROCESS <input type="checkbox"/> RESULTS OF a _w DETERMINATIONS		
ARE RECORDING THERMOMETER CHARTS IDENTIFIED WITH THE FOLLOWING? CHECK INCLUDED ITEMS (See 113.100(b)) <input type="checkbox"/> DATE <input type="checkbox"/> RETORT NUMBER <input type="checkbox"/> APPROPRIATE SIGNATURE OR INITIALS		
ARE ALL RECORDS REVIEWED WITHIN ONE WORKING DAY AFTER PROCESSING AND PRIOR TO RELEASE OF PRODUCT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, WHEN ARE THEY REVIEWED? _____ ARE THEY SIGNED OR INITIALED BY REVIEWER? <input type="checkbox"/> YES <input type="checkbox"/> NO ARE ALL RECORDS RETAINED IN ACCORDANCE WITH 108.35(h) and 113.100(e)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN		
RECORDS FOR ACIDIFIED PRODUCTS		
DO RECORDS INCLUDE THE FOLLOWING ITEMS REQUIRED BY 114.100? CHECK EACH ITEM WHICH IS INCLUDED IN THE RECORDS <input type="checkbox"/> EXAMINATION OF RAW MATERIALS <input type="checkbox"/> EXAMINATION OF PACKAGING MATERIALS <input type="checkbox"/> EXAMINATIONS OF FINISHED PRODUCTS <input type="checkbox"/> RECORDS OF SUPPLIERS GUARANTEES <input type="checkbox"/> PRODUCT <input type="checkbox"/> CONTAINER SIZE <input type="checkbox"/> CODE <input type="checkbox"/> DATE <input type="checkbox"/> pH MEASUREMENTS <input type="checkbox"/> OTHER CRITICAL FACTORS		
ARE ALL APPROPRIATE RECORDS REVIEWED AND RETAINED FOR 3 YEARS AS REQUIRED BY 108.25(g) AND 114.100(e)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN		
SUMMARY OF RECORDS REVIEWED		
LIST DATES OF RECORDS REVIEWED. (See IOM Exhibit 645.2a)		

FIRM NAME	CF NO.	INSPECTION DATE(S)
PROCESSING DEVIATIONS		
DOES THE FIRM MAINTAIN A SEPARATE FILE (OR LOG) OF PROCESSING DEVIATIONS, AS REQUIRED BY 113.89 AND 114.100(C)? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF PROCESSING DEVIATIONS DID OCCUR WHAT ACTION DID THE FIRM TAKE IN EACH CASE? (SET ASIDE AND HOLD? REPROCESS? DESTROY? EVALUATE?) (See 113.89 and 114.89) REPORT FINDINGS BELOW		
NOTE: PROCESSING DEVIATIONS INCLUDE FAILURE TO MAINTAIN CRITICAL FACTORS WITHIN ESTABLISHED LIMITS; e.g. MAXIMUM RATIO OF DRAINED WEIGHT TO NET WEIGHT FOR SPINACH, MAXIMUM FILL WEIGHT AND METHOD OF FILL FOR MUSHROOMS; ETC.		
<div></div>		

FIRM NAME	CF NO.	INSPECTION DATE(S)
WAREHOUSING		
HOW ARE FINISHED CONTAINERS PROTECTED FROM CONTAMINATION FROM WATER, BIRDS, RODENTS, ETC.?		
DOES THE FIRM INCUBATE LOTS OR PORTIONS OF LOTS PRIOR TO DISTRIBUTION? IF YES, EXPLAIN THE PRACTICE IN DETAIL		
DETAIL ANY EVIDENCE OF SPOILAGE OR ABNORMAL CONTAINERS IN THE WAREHOUSE AREA BY CODE LOT NUMBER <i>(Examine any suspect codes identified through record review. If no lots are suspect randomly select several codes for warehouse examination.)</i> REVIEW RECORDS FOR ANY ABNORMAL CODES IDENTIFIED THROUGH WAREHOUSE INSPECTION.		
FOR EXAMINED RETORTED POUCHES OR HEAT SEALED SEMIRIGID CONTAINERS, DETAIL ANY FINDINGS OF SEAL DEFECTS SUCH AS FOLDS, SEVERE WRINKLES, BLISTERS, AND TRAPPED PRODUCT. ALSO REPORT FINDINGS OF SEVERE DEFORMATION, GROSS OVERFILL, DELAMINATION, LEAKS, AND EXCESSIVE SEAL CREEP AND DISTORTION WHICH COULD INDICATE INADEQUATE CONTROL OF PRESSURE COOLING.		

FIRM NAME	CF NO.	INSPECTION DATE(S)
COMPLAINT FILE REVIEW		
REPORT DETAILS OF ANY SIGNIFICANT COMPLAINTS, ESPECIALLY ANY COMPLAINTS SUGGESTIVE OF UNDERPROCESSING, SUCH AS ILLNESS OR ABNORMAL CONTAINERS.		
RECALL PROCEDURES		
DOES THE FIRM HAVE A WRITTEN RECALL PROCEDURE WHICH COMPLIES WITH THE REQUIREMENTS OF 108.25(e) OR 108.35(f)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN		
DOES THE FIRM MAINTAIN INITIAL DISTRIBUTION RECORDS AS REQUIRED BY 113.100(d) AND 114.100(d)? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN		
PROMOTION AND DISTRIBUTION		
SEE IOM 592.31(m) FOR REQUIRED INFORMATION		
REFUSALS		
GIVE DETAILS OF ALL REFUSALS		
SAMPLES		
LIST SAMPLE NUMBER(S) WITH PRODUCT(S) COLLECTED		

FIRM NAME	CF NO.	INSPECTION DATE(S)
EXHIBITS		
LIST EXHIBITS		
DISCUSSION WITH MANAGEMENT		
REPORT PERSONS (NAME AND TITLE) WITH WHOM FDA-483 AND OTHER FINDINGS WERE DISCUSSED. LIST ALL RECOMMENDATIONS, WARNINGS, OR SUGGESTIONS GIVEN OR MADE TO MANAGEMENT AND REPORT MANAGEMENT'S RESPONSE.		
SIGNATURE OF INVESTIGATOR		
SIGNATURE OF INVESTIGATOR		